

CHILDHOOD LEAD POISONING PREVENTION PROGRAM

ENVIRONMENTAL LEAD INVESTIGATION RESULTS

Child's Name _____
(Last, First)

Date of Birth

Lead Class	Parish
1	1
2	2
3	3
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94	94
95	95
96	96
97	97
98	98
99	99
100	100

Child's Medicaid Number

Initial Blood Lead Test result: _____ µg/dl Sample type _____ Date _____

Confirmatory Blood Lead Test result:	µg/dl	Sample type	Date
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Date of Referral	Referred by
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	Name	Telephone Number
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Guardian/Parent

Name	Telephone Number
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Site Address

Street address	City	State	Zip
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Owner

Name	Telephone Number
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Address _____

Street address	City	State	Zip
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Inspection Date: _____ Inspected by: _____

Method: XRF Other (specify)

Sample(s) Taken: Paint Dust Soil Water Other (specify)

Sample Results Received: _____ Date: _____

PRESENCE OF LEAD IN CONCENTRATIONS HIGHER THAN THE MAXIMUM ALLOWED

PRESENCE OF LEAD IN CONCENTRATIONS HIGHER THAN THE MAXIMUM ALLOWED			
SAMPLE TYPE	AREA	RESULTS	COMMENTS

Date of Notification:

Re-inspection Date: _____

Results:

INSTRUCTIONS for using LA DHH-OPH-Lead-3 FORM

- Box in top Right:** If applicable place OPH parish health unit record label over box or provide patient record number here (found on EH-52 request form)
- Child's Name and Date of Birth:** Name (state last name first) and date of birth of child with elevated lead level
- Lead Class:** Class of Lead elevation (I, IIA, IIB, III, IV, or V)
- Parish:** Parish in which case occurred
- Medicaid Number:** Medicaid Number of the child, if applicable
- Initial Blood Lead Test Result:** Results and date of first blood lead test (in micrograms/deciliter), indicate type: capillary (C) or venous (V)—often first test is (C)
- Confirmatory Blood Lead Test Result:** Results and date of second blood lead test (in micrograms/deciliter), indicate type: capillary (C) or venous (V)—often confirmatory test is (V)
- Date of Referral:** Date that the Environmental Lead Investigation Request was initiated
- Referred by:** Name and Telephone number of person who initiated the request (should be the medical provider)
- Guardian/Parent:** Name and Telephone Number of parent or guardian of the child
- Site Address:** Street address of site inspected
- Owner:** Name, Telephone Number, and Street address of owner of the site
- Inspection Date:** Date inspection done and sample(s) taken
- Inspected by:** Name of person conducting the inspection
- Method:** Check the method(s) used for inspection
- XRF:** Check if XRF machine used
- Other(Specify):** Check if method other than XRF or samples used. Specify the method.
- Sample(s) Taken:** Check the type of sample(s) taken. If “other” is checked, specify type.
- Results Received:** Date that the results of the samples were received
- Presence of lead in concentration higher than the maximum allowed:** List the type of material inspected or sampled (Paint, dust, soil, water, or other) with the higher than maximum results, location of the material with an elevated lead level (wall, door frame, window sill, front yard, etc.), the results of the inspection recorded in appropriate units, and comments related to that location.
- Date of Notification:** Date results of investigation were sent to family and owner.
- Re-inspection Date:** Date of re-inspection
- Results:** Indicate the results of the re-inspection and any further follow-up indicated